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ABSTRACT

This longitudinal study evaluated the effect of religiousness on substance use and depression both currently and after six months. It also evaluated the association between religious coping on substance use and depression both currently and after six months. Results reveal no relationship between religiousness and current substance use. There was equally no relationship between religiousness and substance use after six months. There was a direct relationship between religiousness and current depression in the sense that those who reported religiousness were also those who reported current depression. There was equally a direct relationship between religiousness and depression after six months. On religious coping, there was an inverse relationship between religious coping and current substance use, such that those who reported religious coping were also those who did not report current substance use. (Contains 14 references.) (GCP)

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Society for Clinical Psychology

THE IMPACT OF RELIGIOUSNESS ON SUBSTANCE USE AND DEPRESSION

Presented at

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INTRODUCTION

A growing body of addiction literature associates religiousness with lower levels of substance use. Fergusson et al. (1986), Clark et al. (1990), Koenig et al. (1994), Ellison & Anderson (2001) studies are among literatures associating religiousness with lower levels of substance use. In these studies, frequent church attendance, internalized religious norms as well as threat of divine sanctions were predictors of lower levels of substance use across population. Some studies were very specific. For example, Hope & Cook (2001) evaluated many factors including church attendance and religious commitment. They concluded that church attendance rather than religious commitment accounted for lower levels of substance use among adolescents aged 12-16 yrs. In the adult population, greater levels of religious commitment rather than church attendance, according to Brenda & Corwyn (2000) study, accounted for lower levels of substance use. Schnittker's (2001) study stretched it a little further. He found that discussions on topics of Christian conduct and personal religiousness, rather than church attendance were predictors of lower levels of substance use across population. This shows not only the complexity but also the implicit relationship between religiousness and substance use raising the question - What is the relationship between religiousness and substance use?

On depression, the literature is not clear on how religiousness affects depression. Black (1991), Chang et al. (2001) and Koenig (2001) studies are among those who emphasize the role of religiousness and religious coping in promoting hopefulness, sense of purpose, self-control and relief from personal problems. However, this view is not shared by many. Curtis (2001) for example, associate belief in God and church attendance (religiousness) with higher levels of depression. Murphy et al. (2000) study separated religious belief and religious behavior. They concluded that religious belief rather than religious behavior was a significant predictor of lower levels of depression.

Chamberlain & Hall (2000), Braam et al. (2001) studies tie the buffering effect of religiousness on depression only when the emphasis is on hopelessness. This only indicates the conflicting impact of religiousness on depression raising the need to investigate the role of religiousness (belief in God and church attendance) on depression.

Hypothesis:

This longitudinal study evaluated the effect of religiousness on substance use (crack, coke and alcohol) and depression both currently and after six months. It also evaluated the association between religious coping on substance use and depression both currently and after six months. The study made the following predictions: (1) Religiousness will be inversely proportional to substance use (crack, coke and alcohol use) such that subjects who reported religiousness will be less likely to report substance use both currently and after six months. (2) Religiousness will be inversely proportional to depression such that subjects who reported religiousness will be less likely to report depression both currently and after six months. (3) Religious coping will be inversely proportional to substance use (crack, coke and alcohol use) such that subjects who reported religious coping will be less likely to report substance use both currently and after six months. (4) Religious coping will be inversely proportional to depression such that subjects who reported religious coping will be less likely to report depression both currently and after six months.

METHOD

Subjects:

The subjects consist of two hundred and twenty-eight females drawn from New York inner city area. The mean age of the subjects was thirty-three with a standard deviation of eight. The subjects were substance users, depressed and normals. They belonged to low socioeconomic status. Subjects consisted of six (2.6%) Caucasians; one hundred and twenty-three (53.9%) Blacks; eighty-nine (39%) Hispanics and ten (4.4%) Others. Clinical assessment was conducted in St. Luke's-Roosevelt Hospital and some follow-up study was conducted after six months.

Procedure:

This is a correlational study using data review. Diagnosis was determined through clinical interview using DSM-IIIR. Two subscales were used for the study namely, religiousness subscale (belief in a higher power and degree of church/temple attendance) and religious coping subscale (the use of religion as a means of coping). The religiousness subscale was adopted from Hien's (2000) Demographic Form. Some of the questionnaires included "Do you belong to a religion? Do you attend church/temple? How often do you attend?"

The religious coping subscale which included the extent the subjects used religion as a means of coping in the midst of difficulties was adopted from Carver and Scheier's (1989) Coping Orientation to Problems Experienced ($r = 92$). The questionnaires required a positive answer to questions such as "I pray more than usual; I put my trust in God; I seek God's help, and "I try to find comfort in my religion.

The religiousness subscale and the religious coping subscale were used individually to analyze substance use and depression both currently and after six months using descriptive and parametric statistics.

Analysis:

An Independent sample t-test analysis was conducted between religiousness, substance use (crack, coke use and alcohol) and depression both currently and after six months. A similar Independent sample t-test analysis was conducted between religious coping, substance use (crack, coke use and alcohol) and depression both currently and after six months. Finally, a correlational analysis was conducted between religiousness and religious coping.

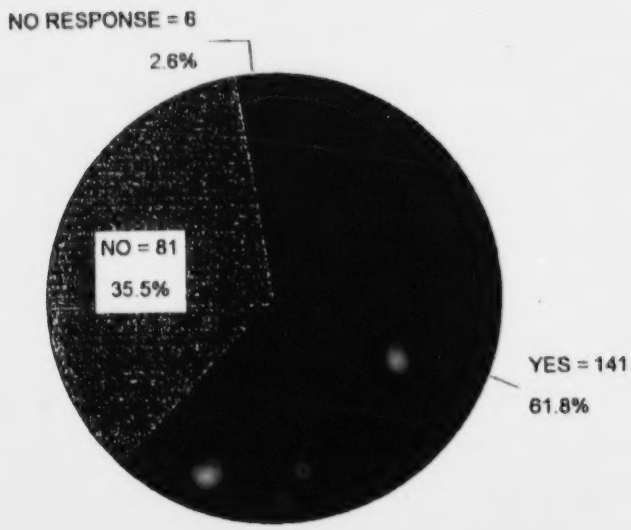
CHARACTERIZATION OF THE DATA SET

Table 1.

Selected Demographics

Number	228	
Demographic Data	Value	Percent
DIAGNOSIS:		
Depressed Substance Users	113	49.6%
Non-Dep. Substance Users	59	25.9%
Normal	56	24.5%
ETHNICITY:		
African Americans	123	53.9%
Hispanics	89	39.0%
Caucasians	6	2.6%
Others	10	4.4%
CHURCH ATTENDANCE		
YES	141	61.8%
NO	81	35.5%
No Response	6	2.6%
Mean age	32 years (SD = 8)	
Gender	Female	

CHURCH/TEMPLE ATTENDANCE



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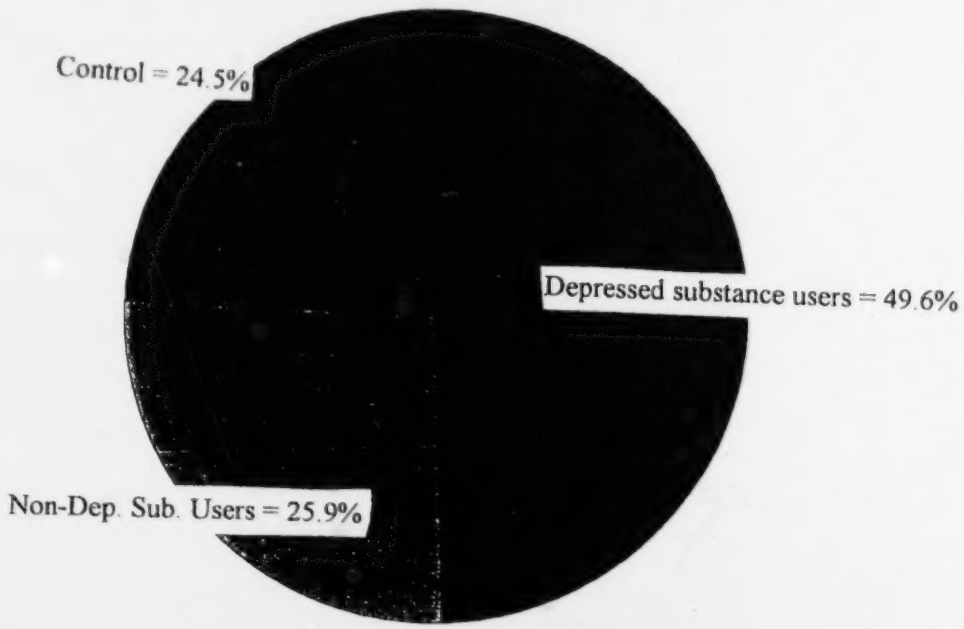
PIE CHART FOR DIAGNOSIS



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RESULT

On religiousness, there was no relationship between religiousness (belief in God and church/temple attendance) and current substance use (crack, coke use and alcohol). There was equally no relationship between religiousness and substance use after six months.

On the other hand, there was a direct relationship between religiousness and current depression in the sense that those who reported religiousness were also those who reported current depression $t = 2.54$; $df = 142$; $p < .05$. There was equally a direct relationship between religiousness and depression after six months such that those who reported religiousness were also those who reported depression after six months $t = 2.27$; $df = 142$; $p < .05$.

On religious coping (the use of religion as a means of coping), there was an inverse relationship between religious coping and current substance use (specifically crack use) $t = -2.12$; $df = 147$; $p < .05$ such that those who reported religious coping were also those who did not report current substance (crack) use.

On the other hand, there was no relationship between religious coping and substance use after six months.

Furthermore, there was no relationship between religious coping and current depression. Equally, there was no relationship between religious coping and depression after six months.

DISCUSSION

The lack of relationship between religiousness and substance use both currently and after six months can be explained by the possibility that substance users seldom go to church.

The findings indicate that religiousness (belief in God and church/temple attendance) is associated with high levels of depression in the sense that subjects who reported religiousness (belief in God and attended church/temple) were those who reported current depression as well as depression after six months. Perhaps, the depressed are more likely to go to church in order to deal with their sense of loss, guilt and/or find meaning in their lives. There is also a possibility that churches/temple services (the sermons, the liturgy) exacerbated guilt and sense of loss making it more difficult for the depressed to be relieved of their depression.

The lack of relationship between religious coping and depression may be because the depressed did not use God as a means of coping.

Equally relevant was that religious coping was inversely proportional to current substance use such that subjects who reported religious coping were those who did not report current substance use (specifically crack). Perhaps, the use of God as a means of coping fosters sobriety (especially among crack users) in one way or the other.

The study has some limitations as well. Perhaps the poor family support system among black participants may have influenced the outcome between religiousness and substance use since family support system is considered a predictor of substance use and depression (Curtis, 2001). The subscales that were used to measure religiousness (belief in God and church/ temple attendance) were adopted from Hien (2000) Demographic Form while the

religious coping subscale (the use of religion as a means of coping) was adopted from Carver and Scheier's (1989) Coping Orientation to Problems Experienced and it is difficult to say how much these subscales may have influenced the outcome.

Nevertheless, like Bell (2001) and Schnittker (2001) studies that indicated no relationship between religiousness, substance use and depression, this study does not show any relationship between religiousness and substance use. However, it does indicate that religiousness is associated with high levels of depression both currently and after six months.

Like Chang et. al., (2001) and Koenig (2001) studies that associate religious coping with decrease in substance use and depression, this study indicates that religious coping is associated with decrease in current substance use (especially crack use). On the other hand, it does not indicate any relationship between religious coping and substance use after six months.

In addition, the findings do not indicate any relationship between religious coping and depression both currently and after six months.

Further studies are needed for a better understanding of how religiousness and religious coping affect substance use and depression.

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